

**REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS**

From: _____
Department/Division/Agency

Description of health and human service(s):

Provider Name:	Contract Amount:
Provider Address:	Term of Contract: From: To:

Brief description of the circumstances justifying a restrictive purchase:

STATE OF HAWAII

REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE
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Description of efforts to determine availability of other providers and results:

☐ A copy of the public notice is attached and contains all information required by
§3-144-303, HAR:

A list of state agency personnel, by position title, who will be involved in the approval process
and administration of the contract:

Direct questions to:

Phone Number:

e-mail address:

**I certify that the information provided above is to the best of my knowledge true and
correct.**

Department/Agency Head Signature

Date

Typed Name

Position Title

Chief Procurement Officer's Comments:

Please ensure adherence to applicable administrative requirements.

____ Approved

____ Denied

Chief Procurement Officer

Date

Public Notice
Notice of Restrictive Purchase of Service of Health and Human Services

The *[Enter the Dept./Division/Agency]* intends to make a Restrictive Purchase of Service of health and human services without issuing a request for proposals pursuant to §103F-403, Hawaii Revised Statutes and §3-144, Hawaii Administrative Rules. The services to be contracted are *[Enter a brief description of services to be contracted]*
The provider to be awarded is *[Enter the provider name]*
The contract will begin on *[contract start date]* and end on *[contract end date]*.
The contract amount is approximately *[Total amount to be contracted]*

Any person may file a written protest under the procedures established under §3-148, Hawaii Administrative Rules, which may be found on the web at www.state.hi.us/icsd/dags/spo.html. Click on *Health and Human Services*.
Protests must be hand delivered or postmarked by US mail no later than ***[Enter Submittal Deadline for filing of protests]*** to:
[Enter name of contact person for submission of protests]
[Enter the Department/Division/Agency]
[Enter the street address/PO Box]
[Enter the city, state, zip code]

SAMPLE